PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10757737

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER	
TOTAL CLAIMS			12 -		(COR			RATE FEE		OR T		
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	 		RATE BASIC FEE	FEE 770.00
TOTAL CHARGEABLE CLAIMS			10		NOIVIE	F			303.00	-IOR	DASIC FEE	770.00
一			/minus 20=		*			X\$ 9=		OR	X\$18=	1
-	DEPENDENT C		5 minus 3 =					X43=		OR	X86=	
		NDENT CLAIM P						+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	s than zero, enter "0" in column 2			_	TOTAL		OR	TOTAL	770
	CLAIMS AS AMENDED - PART II							CMALL		0.0	OTHER	
	(Column 1) CLAIMS		(Colum				3)	SMALL		OR 1 1	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF ME	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=	
						•	L	TOTAL		\1	TOTAL	
		(Column 1)		(Colum	·= 0\	(Column 2)	JA.	ODIT. FEE		OR	ADDIT. FEE	
B		CLAIMS		(Colum	ST	(Column 3)	Г		ADDI-	1		ADDI-
AMENDMENT E		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									On .		
							L	+145=		OR	+290=	•
								TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	ı					J
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOL PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	· **		=		X\$ 9=		or	X\$18=	
	Independent	*	Minus	***		=	十	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1		OR		
* 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE	
7	he "Highest Num	mber Previously Paid ber Previously Paid	io For" (Total or	o SPACE is Independer	iess thar nt) is the	i 3, enter "3." highest number			opriate box		•	